

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SHERIFF VAN SHAW
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW MAJOR BOYD WHITLEY 25499 CABARRUS COUNTY DETENTION PO BOX 790 CONCORD, NC 28026	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	3
	Check for service on U.S.A.	



SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

RECEIVED	
JUN 21 2019	
U.S. Marshal's Service, M/NC	DATE

Signature of Attorney other Originator requesting service on behalf of: John S. Brubaker	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 336-332-6000	DATE 6/20/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin 051	District to Serve 051	Signature of Authorized USMS Deputy or Clerk Teresa Brookshire	Date 6/25/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7/5/19 Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee 8.00	Total Mileage Charges including endeavors —	Forwarding Fee —	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) J.M.D. [Signature] </p> <p>C. Date of Delivery JUL 50 1 2019 </p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Sheriff Van Shaw Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If delivery address below: <input type="checkbox"/> No</p> <div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 150px;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">JUL 50 1 2019</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">CONCORD</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">U.S. Marshals Service, M/NC</p> </div>
<div style="text-align: center;"> <p style="font-weight: bold; font-size: 1.1em;">9590 9401 0166 5234 6391 05</p> </div>	<p>E. Service type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p style="font-weight: bold; font-size: 1.1em;">7014 1820 0001 9378 6885</p>	<p>F. Mail Restricted Delivery (500)</p> <p style="font-size: 1.5em; font-weight: bold;">1:19CV358</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

U.S. Department of Justice
United States Marshals Service



PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 LT. W. WALLACE
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW MAJOR BOYD WHITLEY 25499 CABARRUS COUNTY DETENTION PO BOX 790 CONCORD, NC 28026	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 3
	Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold		Fold
		

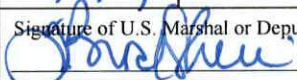
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 336-332-6000	DATE 6/20/19
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin 057	District to Serve 057	Signature of Authorized USMS Deputy or Clerk Teresa Brookshire	Date 6/25/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7/5/19 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee 8.00	Total Mileage Charges including endeavors —	Forwarding Fee —	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>J.M. Dillon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p>Lt. W. Wallace Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p>		<p>B. Received by (Printed Name) J.M. Dillon</p> <p>C. Date of Delivery JUL 01 2019</p>													
<p>2. Article Number (Transfer from service label) 9590 9401 0166 5234 6390 82</p>		<p>3. Service type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>1:19cv358 Domestic Return Receipt</p>													

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
CAPTAIN M. NESBIT
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

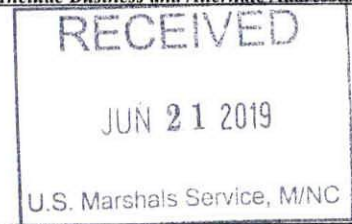
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MAJOR BOYD WHITLEY
25499
CABARRUS COUNTY DETENTION
PO BOX 790
CONCORD, NC 28026



Number of process to be served with this Form 285	1
Number of parties to be served in this case	3
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):



Signature of Attorney other Originator requesting service on behalf of:

John J. Brookshire

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
336-332-6000

DATE
6/20/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin 057	District to Serve 057	Signature of Authorized USMS Deputy or Clerk Teresa Brookshire	Date 6/25/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/5/19
Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

T. Brookshire

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Captain M. Nesbit Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p>		<p>B. Received by (Printed Name) J.W. Dillon</p> <p>C. Date of Delivery JUL 5 2019</p>	
<p>2. Article Number (Transfer from service label) 7014 1820 0001 9378 6861</p>		<p>D. To deliver to address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If delivery address below:</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>U.S. Service type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1:19w 358 Domestic Return Receipt</p>	